

Report Year:

2010

10856

Regional Medical of San Jose

San Jose

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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

10856

Facility Name:

Regional Medical of San Jose

Address:

225 North Jackson Avenue

City:

San Jose

Hospital Owner/Licensee:

Please Enter License/Owner Name

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

J. Paul Tucker

Submission Date:

1/27/2011 1:00:00 PM

Report Year:

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Tower and North Wing	225 North Jackson Avenue	Remove	N/A	01/01/2015	01/01/2015
02	South Wing	225 North Jackson Avenue	Remove	N/A		01/01/2015
03	Obstetrics Wing	225 North Jackson Avenue	Remove	N/A	01/01/2015	01/01/2015

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Report Status: **Data Last Update:** 01/14/2011

Submission Date: 01/27/2011

Print Date: 1/28/2011 8:38 AM

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: Main Tower and North Wing

Type of Service Provided
☐ Nursing Inpatient Beds 126 Inpatient Days 23349

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 8 Inpatient Days 750

☐ Psychiatric
Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate
Care Inpatient Beds 46 Inpatient Days 10939

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 180

☐ Surgical

☐ Obstetrical
Recovery

☐ Anesthesia

☐ Newborn/
WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/
Imaging

☐ Nuclear
Medicine

☐ Pharmaceutical

☐ Dietetic

☒ Rehabilitation
Therapy

☒ Administration

☐ Renal Dialysis

☒ Support
Services

☐ Outpatient
Surgery

☐ Obstetrical
Cesarean/Deliv

☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 02

Building Name: South Wing

Type of Service Provided
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/
WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/
Imaging

☐ Nuclear
Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation
Therapy

☐ Administration

☐ Renal Dialysis

☒ Support
Services

☐ Outpatient
Surgery

☐ Obstetrical
Cesarean/Deliv

☒ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 03

Building Name: Obstetrics Wing

Type of Service Provided
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 6 Inpatient Days 175

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric
Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate
Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 6

☐ Surgical

☒ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☒ Support
Services

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☒ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☒ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

01

Building Name:

Main Tower and North Wing

Medical / Surgical (Include GYN)Inpatient
Bed 126Inpatient
Days 2334
9**Acute Respiratory Care**Inpatient
Bed 0Inpatient
Days 0**Acute Psychiatric**Inpatient
Bed 0Inpatient
Days 0**Perinatal (exclude Newborn / GYN)**Inpatient
Bed 0Inpatient
Days 0**Burn**Inpatient
Bed 0Inpatient
Days 0**Skilled Nursing**Inpatient
Bed 0Inpatient
Days 0**Pediatric**Inpatient
Bed 8Inpatient
Days 750**intensive Care Newborn
Nursery**Inpatient
Bed 0Inpatient
Days 0**Intermediate Card**Inpatient
Bed 46Inpatient
Days 1093
9**Intensive Care**Inpatient
Bed 0Inpatient
Days 0**Rehabilitation
Center**Inpatient
Bed 0Inpatient
Days 0**Int. Care / development
Disabled**Inpatient
Bed 0Inpatient
Days 0**Coronary Care**Inpatient
Bed 0Inpatient
Days 0**Chemical
Dependency**Inpatient
Bed 0Inpatient
Days 0**Total Beds this
Building Per
Unit**

180

**Total Beds this
Building Per
Service**

180

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 02

Building Name: South Wing

Medical / Surgical (Include GYN)

Inpatient Bed Inpatient Days

Acute Respiratory Care

Inpatient Bed Inpatient Days

Acute Psychiatric

Inpatient Bed Inpatient Days

Perinatal (exclude Newborn / GYN)

Inpatient Bed Inpatient Days

Burn

Inpatient Bed Inpatient Days

Skilled Nursing

Inpatient Bed Inpatient Days

Pediatric

Inpatient Bed Inpatient Days

intensive Care Newborn Nursery

Inpatient Bed Inpatient Days

Intermediate Card

Inpatient Bed Inpatient Days

Intensive Care

Inpatient Bed Inpatient Days

Rehabilitation Center

Inpatient Bed Inpatient Days

Int. Care / development Disabled

Inpatient Bed Inpatient Days

Coronary Care

Inpatient Bed Inpatient Days

Chemical Dependency

Inpatient Bed Inpatient Days

Total Beds this Building Per Unit

Total Beds this Building Per Service

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 03

Building Name: Obstetrics Wing

Medical / Surgical (Include GYN)

Inpatient Bed Inpatient Days

Acute Respiratory Care

Inpatient Bed Inpatient Days

Acute Psychiatric

Inpatient Bed Inpatient Days

Perinatal (exclude Newborn / GYN)

Inpatient Bed Inpatient Days

Burn

Inpatient Bed Inpatient Days

Skilled Nursing

Inpatient Bed Inpatient Days

Pediatric

Inpatient Bed Inpatient Days

intensive Care Newborn Nursery

Inpatient Bed Inpatient Days

Intermediate Card

Inpatient Bed Inpatient Days

Intensive Care

Inpatient Bed Inpatient Days

Rehabilitation Center

Inpatient Bed Inpatient Days

Int. Care / development Disabled

Inpatient Bed Inpatient Days

Coronary Care

Inpatient Bed Inpatient Days

Chemical Dependency

Inpatient Bed Inpatient Days

Total Beds this Building Per Unit

Total Beds this Building Per Service

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Tower and North Wing	<input checked="" type="checkbox"/>
02	South Wing	<input checked="" type="checkbox"/>
03	Obstetrics Wing	<input checked="" type="checkbox"/>
04	Emergency Department Building	<input type="checkbox"/>
05	Lab Building	<input type="checkbox"/>
06	Surgery Building	<input type="checkbox"/>
07	ICU/CCU Building	<input type="checkbox"/>
08	7A Outpatient Surgery Center	<input type="checkbox"/>

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

01

Building
Name:

Main Tower and North Wing

Year of
Information:

2008

Information Current As
Of:

11/01/2010

Type of Services
Provided

☒

Nursing

Inpatient
Beds

126

☐

IntensiveCare

Inpatient
Beds

0

☒

Pediatric/Adol
escent

Inpatient
Beds

8

☐

Psychiatric
Nursing

Inpatient
Beds

0

☐

Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☒

Intermediate
Care

Inpatient
Beds

46

☐

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

180

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐

Radiological/
Imaging

☐

Pharmaceutical

☒

Dietetic

☒

Administration

☐

Obstetrical
Cesarean/Deliv

☐

Obstetrical
Recovery

☐

Newborn/
WellBaby

☐

Emergency

☐

Nuclear
Medicine

☒

Rehabilitation
Therapy

☐

Renal Dialysis

☐

Outpatient
Surgery

☐

Central Plant

☒

Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

01

Building
Name:

Main Tower and North Wing

Year of
Information:

2009

Information Current As
Of:

11/01/2010

Type of Services
Provided

☒

Nursing

Inpatient
Beds

126

☐

IntensiveCare

Inpatient
Beds

0

☒

Pediatric/Adol
escent

Inpatient
Beds

8

☐

Psychiatric
Nursing

Inpatient
Beds

0

☐

Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☒

Intermediate
Care

Inpatient
Beds

46

☐

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

180

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐

Radiological/
Imaging

☐

Pharmaceutical

☒

Dietetic

☒

Administration

☐

Obstetrical
Cesarean/Deliv

☐

Obstetrical
Recovery

☐

Newborn/
WellBaby

☐

Emergency

☐

Nuclear
Medicine

☒

Rehabilitation
Therapy

☐

Renal Dialysis

☐

Outpatient
Surgery

☐

Central Plant

☒

Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

01

Building
Name:

Main Tower and North Wing

Year of
Information:

2010

Information Current As
Of:

11/01/2010

Type of Services
Provided

☒

Nursing

Inpatient
Beds

126

☐

IntensiveCare

Inpatient
Beds

0

☒

Pediatric/Adol
escent

Inpatient
Beds

8

☐

Psychiatric
Nursing

Inpatient
Beds

0

☐

Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☒

Intermediate
Care

Inpatient
Beds

46

☐

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

180

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐

Radiological/
Imaging

☐

Pharmaceutical

☒

Dietetic

☒

Administration

☐

Obstetrical
Cesarean/Deliv

☐

Obstetrical
Recovery

☐

Newborn/
WellBaby

☐

Emergency

☐

Nuclear
Medicine

☒

Rehabilitation
Therapy

☐

Renal Dialysis

☐

Outpatient
Surgery

☐

Central Plant

☒

Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

02

Building
Name:

South Wing

Year of
Information:

2008

Information Current As
Of:

11/01/2010

Type of Services
Provided

☒

Nursing

Inpatient
Beds

0

☒

IntensiveCare

Inpatient
Beds

0

☐Pediatric/Adol
escentInpatient
Beds

0

☐Psychiatric
NursingInpatient
Beds

0

☐Obstetrical
Ante/PostprtumInpatient
Beds

0

☐Intermediate
CareInpatient
Beds

0

☐

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☒

Pharmaceutical

☒

Dietetic

☒

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☒Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☒

Central Plant

☒Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

02

Building
Name:

South Wing

Year of
Information:

2009

Information Current As
Of:

11/01/2010

Type of Services
Provided

☒ Nursing Inpatient Beds 0

☒ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☐ Obstetrical Inpatient
Ante/Postprtum Beds 0

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☒ Pharmaceutical

☒ Dietetic

☒ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☒ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☒ Central Plant

☒ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

02

Building
Name:

South Wing

Year of
Information:

2010

Information Current As
Of:

11/01/2010

Type of Services
Provided

☒ Nursing Inpatient Beds 0

☒ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☐ Obstetrical Inpatient
Ante/Postprtum Beds 0

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☒ Pharmaceutical

☒ Dietetic

☒ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☒ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☒ Central Plant

☒ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

03

Building
Name:

Obstetrics Wing

Year of
Information:

2008

Information Current As
Of:

11/01/2010

Type of Services
Provided

☐ Nursing Inpatient Beds 0

☒ IntensiveCare Inpatient Beds 6

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☐ Obstetrical Inpatient
Ante/Postprtum Beds 0

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this
Building 6

☐ Surgical

☒ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☒ Obstetrical
Cesarean/Deliv

☒ Obstetrical
Recovery

☒ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☒ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☒ Central Plant

☒ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

03

Building
Name:

Obstetrics Wing

Year of
Information:

2009

Information Current As
Of:

11/01/2010

Type of Services
Provided

☐ Nursing Inpatient Beds 0

☒ IntensiveCare Inpatient Beds 6

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☐ Obstetrical Inpatient
Ante/Postprtum Beds 0

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this
Building 6

☐ Surgical

☒ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☒ Obstetrical
Cesarean/Deliv

☒ Obstetrical
Recovery

☒ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☒ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☒ Central Plant

☒ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

03

Building
Name:

Obstetrics Wing

Year of
Information:

2010

Information Current As
Of:

11/01/2010

Type of Services
Provided

☐ Nursing Inpatient Beds 0

☒ IntensiveCare Inpatient Beds 6

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☐ Obstetrical Inpatient
Ante/Postprtum Beds 0

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this
Building 6

☐ Surgical

☒ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☒ Obstetrical
Cesarean/Deliv

☒ Obstetrical
Recovery

☒ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☒ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☒ Central Plant

☒ Support
Services

For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#)

The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#)

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(20\)\(C\)](#)

Building Number:

01

Main Tower and North Wing

Removal
Date:

01/01/2015

Planned Uses for the building to be removed from acute care service:

Planned use for building:

Medical Office Building

Jurisdiction:

OSHPD

Inpatient services currently delivered in the building:

☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☒Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postprtum☐

Pharmaceutical

☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☒

Administration

☐Nuclear
Medicine☒Support
Services

For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#)

The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#)

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(20\)\(C\)](#)

Building Number:

02

South Wing

Removal
Date:

01/01/2015

Planned Uses for the building to be removed from acute care service:

Planned use for building:

Clinic

Jurisdiction:

OSHPD

Inpatient services currently delivered in the building:

☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postprtum☐

Pharmaceutical

☐Intermediate
Care☐

Dietetic

☐Nuclear
Medicine☒Support
Services☐

Skilled Nursing

☐

Administration

For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#)

The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#)

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(20\)\(C\)](#)

Building Number:

03

Obstetrics Wing

Removal
Date:

01/01/2015

Planned Uses for the building to be removed from acute care service:

Planned use for building:

Medical Office Building

Jurisdiction:

Local Authority

Inpatient services currently delivered in the building:

☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☒Rehabilitation
Therapy☐

IntensiveCare

☒

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postprtum☐

Pharmaceutical

☐Nuclear
Medicine☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Administration

☐

Skilled Nursing

☐

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Report whether the general acute care services and beds will be relocated to a new or retrofitted building and any corresponding building sites or project numbers per [Section 130061\(c\)\(2\)\(E\)](#)

Building
Number:

01

Building Name:

Main Tower and North Wing

Will general acute care services and beds will be relocated to a new or retrofitted building?

Nursing

N/A

Building
Number:

01

Building Name:

Main Tower and North Wing

Will general acute care services and beds will be relocated to a new or retrofitted building?

Pediatric Adolescent

N/A

Building
Number:

01

Building Name:

Main Tower and North Wing

Will general acute care services and beds will be relocated to a new or retrofitted building?

Intermediate Care

N/A

Building
Number:

01

Building Name:

Main Tower and North Wing

Will general acute care services and beds will be relocated to a new or retrofitted building?

Dietetic

N/A

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Building
Number:

01

Building Name: Main Tower and North Wing

Will general acutr care services and beds will be relocated to a new or retrofittred building?

Administration

N/A

Building
Number:

01

Building Name: Main Tower and North Wing

Will general acutr care services and beds will be relocated to a new or retrofittred building?

Support Services

N/A

Building
Number:

01

Building Name: Main Tower and North Wing

Will general acutr care services and beds will be relocated to a new or retrofittred building?

Rehabilitation
Therapy

N/A

Building
Number:

01

Building Name: Main Tower and North Wing

Will general acutr care services and beds will be relocated to a new or retrofittred building?

Medical/Surgical
(Include GYN)

N/A

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Building
Number:

01

Building Name: Main Tower and North Wing

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Pediatric

N/A

Building
Number:

01

Building Name: Main Tower and North Wing

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Intermediate Care

N/A

Building
Number:

02

Building Name: South Wing

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Nursing

N/A

Building
Number:

02

Building Name: South Wing

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Intensive Care

Relocated to new building

Report Year:

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San Jose

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Building
Number:

02

Building Name:

South Wing

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Pharmaceutical

N/A

Building
Number:

02

Building Name:

South Wing

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Dietetic

N/A

Building
Number:

02

Building Name:

South Wing

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Administration

N/A

Building
Number:

02

Building Name:

South Wing

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Support Services

N/A

Building
Number:

02

Building Name:

South Wing

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Nuclear Medicine

N/A

Building
Number:

02

Building Name:

South Wing

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

CentralPlant

N/A

Building
Number:

03

Building Name:

Obstetrics Wing

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Intensive Care

N/A

Building
Number:

03

Building Name:

Obstetrics Wing

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Anesthesia

N/A

Building
Number:

03

Building Name: Obstetrics Wing

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Support Services

N/A

Building
Number:

03

Building Name: Obstetrics Wing

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Obstetrical
Cesarean/Deliv

N/A

Building
Number:

03

Building Name: Obstetrics Wing

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Obstetrical Recovery

N/A

Building
Number:

03

Building Name: Obstetrics Wing

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Newborn/Well Baby

Relocated to new building

Report Year:

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San Jose

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Building
Number:

03

Building Name: Obstetrics Wing

Will general acutr care services and beds will be relocated to a new or retrofittred building?

Rehabilitation
Therapy

N/A

Building
Number:

03

Building Name: Obstetrics Wing

Will general acutr care services and beds will be relocated to a new or retrofittred building?

CentralPlant

N/A

Building
Number:

03

Building Name: Obstetrics Wing

Will general acutr care services and beds will be relocated to a new or retrofittred building?

Intensive Care
Newborn Nursery

N/A

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

Main Tower and North Wing

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☒

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☒Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☒Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

02

Building Name:

South Wing

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☒

Central Plant

☒Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

03

Building Name:

Obstetrics Wing

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☒

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☒Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☒

Central Plant

☒Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Main Tower and North Wing

Configuration
:

Remove from GAC service by 1/1/2015

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☒Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Nuclear Medicine

☒Support
Services☐

Skilled Nursing

☒

Administration

☐

Nuclear Medicine

☒Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02

Building Name:

South Wing

Configuration
:

Remove from GAC service by 1/1/2015

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support
Services☐Intermediate
Care☐

Dietetic

☐☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03

Building Name:

Obstetrics Wing

Configuration

:

Remove from GAC service by 1/1/2015

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☒Rehabilitation
Therapy☐

IntensiveCare

☒

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support
Services☐Intermediate
Care☐

Dietetic

☐☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

04

Building Name:

Emergency Department Building

Configuration
:

Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided☒

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Pharmaceutical

☒

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Dietetic

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

05

Building Name:

Lab Building

Configuration
:

Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☒

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Intermediate
Care☐

Dietetic

☐

Nuclear Medicine

☐Support
Services☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

06

Building Name:

Surgery Building

Configuration
:

Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided☒

Nursing

☒

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☒

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☒

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Administration

☒☐

Skilled Nursing

☐

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

07

Building Name:

ICU/CCU Building

Configuration

:

Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided☐

Nursing

☒

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postpartum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐

Nuclear Medicine

☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☒Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

08

Building Name:

7A Outpatient Surgery Center

Configuration
:

Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided☒

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☒

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☒

Central Plant

☐Obstetrical
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Administration

☐☐

Skilled Nursing

☐

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 04

Building Name: Emergency Department Building

Type of Service Provided
☒ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric
Nursing Inpatient Beds 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0

☐ Intermediate
Care Inpatient Beds 0

☐ Skilled Nursing
Inpatient Beds 0

 Total Beds this
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☒ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 05

Building Name: Lab Building

Type of Service Provided
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☐ Obstetrical Inpatient
Ante/Postprtum Beds 0

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this Building 0

☐ Surgical

☐ Anesthesia

☒ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 06

Building Name: Surgery Building

Type of Service Provided
☒ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric
Nursing Inpatient Beds 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0

☐ Intermediate
Care Inpatient Beds 0

☐ Skilled Nursing
Inpatient Beds 0

 Total Beds this
Building 0

☒ Surgical

☒ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☒ Outpatient
Surgery

☐ Central Plant

☒ Support
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 07

Building Name: ICU/CCU Building

Type of Service Provided
☐ Nursing Inpatient Beds 0

☒ IntensiveCare Inpatient Beds 24

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric
Nursing Inpatient Beds 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0

☐ Intermediate
Care Inpatient Beds 0

☐ Skilled Nursing
Inpatient Beds 0

 Total Beds this
Building 24

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☒ Support
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 08

Building Name: 7A Outpatient Surgery Center

Type of Service Provided
☒ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric
Nursing Inpatient Beds 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0

☐ Intermediate
Care Inpatient Beds 0

☐ Skilled Nursing
Inpatient Beds 0

 Total Beds this
Building 0

☐ Surgical

☒ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☒ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

04

Building Name:

Emergency Department Building

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

05

Building Name:

Lab Building

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

06

Building Name:

Surgery Building

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

07

Building Name:

ICU/CCU Building

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

24

Inpatient
Days

6804

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

24

**Total Beds this
Building Per
Service**

34

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

08

Building Name:

7A Outpatient Surgery Center

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0